

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH
RESTRAINT & SECLUSION PHILOSOPHY STATEMENT**

The Massachusetts Department of Mental Health (DMH) is committed to eliminating the use of restraint or seclusion in its facilities and programs. This goal is consistent with a mental health system that treats people with dignity, respect and mutuality, protects their rights, provides the best care possible, and assists them in their recovery. DMH understands that achieving this goal may require changes in the culture of the clinical environment and the ways in which the physical environment is utilized.

Some people enter the mental health system for help in coping with the aftermath of traumatic experiences. Others enter the system in hope of learning how to control symptoms that have left them feeling helpless, hopeless and fearful. Many enter the system involuntarily. Any intervention that recreates aspects of previous traumatic experiences or that uses power to punish is harmful to the individuals involved. In addition, using power to control people's behavior or to resolve arguments can lead to escalation of conflict and can ultimately result in serious injury or even death.

To accomplish its goal, DMH endorses and promotes a public health model that equally values input from patients, staff and families, and that emphasizes:

- *Primary Prevention:* *preventing* the need for restraint or seclusion;
- *Secondary Prevention:* *early intervention* which focuses on the use of creative, least restrictive alternatives, tailored to the individual, thereby *reducing* the need for restraint or seclusion; and
- *Tertiary Prevention:* *reversing or preventing* negative consequences when, in an emergency, restraint or seclusion cannot be avoided.

Furthermore, the public health model uses feedback from each stage to inform and improve subsequent actions. This is a strength-based approach that focuses on enhancing self-esteem, thereby promoting the client-centered goals of recovery and rehabilitation. DMH strongly believes this approach is essential in establishing a culture that is proactive, responsive and collaborative, rather than reactive. Comprehensive training, education, modeling, mentoring, supervision and ample support mechanisms foster a therapeutic and healing environment for patients and a supportive environment for staff. Such a therapeutic and healing environment must reflect the stresses experienced by patients and staff. Staff must be given opportunities to increase their empathy for and awareness of the patient's subjective experience, including that of mental illness, and of restraint and seclusion, and must receive instruction in the use of non-physical interventions and other best practices.

Finally, while emphasizing that restraint and seclusion are not considered forms of treatment, DMH recognizes that in an emergency situation involving imminent risk of harm, where less restrictive alternatives have failed, the judicious and humane use of restraint or seclusion may be necessary to prevent harm. In these instances, staff must use these interventions for the least amount of time and in the least restrictive way, taking into consideration the patient's history, preferences and cultural perspective. The continuous evaluation of restraint and seclusion data, and ongoing use of targeted performance improvement initiatives will reinforce the prevention model, improve practice, lead to better outcomes and support the goal of eliminating the use of restraint and seclusion in DMH facilities and programs.